

ADDENDUM	PROVIDER ENROLLMENT APPLICATION
Service Title	Financial Support Services/Fiscal Intermediary (FI)
Service Definition	Financial Support Services are provided to assure that consumer-directed funds outlined in the individual plan of care are managed and distributed as intended. The Financial Support Services Provider (FI) will file claims through the MMIS for consumer-directed goods and services. Additionally, the FI will deduct all required federal, state and local taxes. The FI will also calculate and pay as appropriate, applicable unemployment insurance taxes and worker compensation on earned income. The FI will be responsible for maintaining separate accounts on each Member's consumer-directed service funds and producing expenditure reports as required by the State Medicaid agency. The FI will conduct criminal background checks and age verification on service support workers.
Provider Requirements	<ul style="list-style-type: none"> • Must understand the laws and rules that regulate the expenditure of public resources. • Utilize accounting systems that operate effectively on a large scale as well as track individual budgets. • Adhere to the timelines for payment that meet the individual's needs within DOL standards. • Develop, implement and maintain an effective payroll system that adheres all related tax obligations, both payment and reporting. • Conduct and pay for criminal background checks (local and national) and age verification on service support workers up to a maximum of five (5) background checks per calendar year per member. Additional background checks will be performed at the expense of the member. • Generate service management, and statistical information and reports during each payroll cycle. • Provide startup training and technical assistance to members, their representatives, and others as required. • Process and maintain all unemployment records. • Provide an electronic process for reporting and tracking time sheets and expense reports. • Have at least two years of basic accounting and payroll experience. • Must have a surety bond issued by a company authorized to do business in the State of Georgia in an amount equal to or greater than the monetary value of the members business accounts managed but not less than \$250,000. • Must not be enrolled to provide any other Medicaid services in the State of Georgia.
State License	Georgia Business License

Certification	Must be approved by the IRS (under IRS Revenue Procedure 70-6) and meet requirements and functions as established by the IRS Code, Section 3504.
Other Requirements or Standards	<ul style="list-style-type: none"> • Must be able to act in a fiduciary capacity, file claims accurately on behalf of the member, process payroll and other reimbursement services in a timely manner. • Must have successfully completed a Readiness Review by the Department of Community Health (DCH), demonstrating ability to perform all required functions and services, prior to enrollment. • Provide at a minimum a fax machine to each enrolled member for time sheet transmission.
Describe Service Delivery Method	Consumer-Directed
Service Requirements:	<p>In general, the Financial Support Services (FSS) provider will:</p> <ul style="list-style-type: none"> • Act as a “fiscal employer agent” receiving and disbursing public funds in accordance with the members’ direction, approved budgets, and applicable rules, regulations, and policies. • Monitor a member’s spending of public funds for any underage and overage in accordance with the member’s approved budget, review the same with the member, and report to the DCH. • Facilitate and process the payment for health insurance and workmen’s compensation benefits for the service provider. • Collect, process and maintain support service workers’ time sheets. • Submit HIPAA compliant claims to the MMIS on behalf of the member, each pay period. The amount submitted should be the lesser of the units provided by the caregiver, billable units sufficient to cover the cost of the actual service provided, or 1/12th of the units permitted by the care plan. • Submit HIPPA compliant claims to the MMIS on behalf of the MRWP member and pay invoices for goods and services authorized in the member’s budget. • Manage payroll for support service workers hired by the member/representative including federal, state and local employment taxes. • Process and pay invoices for goods and services included in individual budgets on the 15th and last day of each month. • Provide skills training to members and/or member’s representatives related to employer-related tasks (e.g., recruiting, hiring, training, managing and discharging support service workers and managing payroll and paying bills). • Provide member utilization reports after each payroll cycle.

	<ul style="list-style-type: none"> • Provide web access to review member's expenditure activity.
Service Rate	<ul style="list-style-type: none"> • Per enrolled member will be \$75.00 per month billed on the CMS-1500. • This rate will be reviewed annually for adjustments as needed.